



#3
PU020026 COPY OF PAPERS
ORIGINALLY FILED

DECLARATION AND POWERS OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

METHOD AND APPARATUS FOR SPARKLE REDUCTION USING A SPLIT LOWPASS FILTER ARRANGEMENT

the specification of which was filed on February 19, 2002 as Application Serial No. 10/078,778 and was amended on

, or, if not identified here by filing date and serial number, is attached hereto.

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 USC 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate by me or my representatives or assigns for this invention having a filing date before that of the application on which priority is claimed.

Application No. _____ in _____ on _____ priority claimed ☐ Yes ☐ No

Application No. _____ in _____ on _____ priority claimed ☐ Yes ☐ No

Application No. _____ in _____ on _____ priority claimed ☐ Yes ☐ No

I hereby claim the benefit under 35 USC 119(e) of any United States provisional application(s) as listed below.

Application No. / Filed _____

Application No. _____ Filed _____

I hereby claim the benefit under 35 USC 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC 112, I acknowledge the duty to disclose material information as defined in 37 CFR 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application

Serial No. _____ Filed _____ ☐ patented ☐ pending ☐ abandoned

Serial No. _____ Filed _____ ☐ patented ☐ pending ☐ abandoned

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint, individually and collectively, the following as my/our attorney or agent with full power of substitution and revocation, to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith:

<u>Joseph S. Tripoli</u>	Registration No. <u>26,040</u>	and
<u>Joseph J. Laks</u>	Registration No. <u>27,914</u>	and
<u>Harvey D. Fried</u>	Registration No. <u>28,298</u>	and
	Registration No. _____	

PLEASE ADDRESS ALL
COMMUNICATIONS TO: JOSEPH S. TRIPOLI

PATENT OPERATIONS
THOMSON MULTIMEDIA LICENSING INC.
P. O. BOX 5312
PRINCETON, NEW JERSEY 08543-5312

Sole or Joint Inventor (1)	<u>Donald Henry Willis</u> (Type or Print)	<u>Donald Henry Willis</u> (Signature in Full. No initials.)
Citizenship	<u>USA</u>	Date <u>April 5, 2002</u>
Post Office Address	<u>5175 East 74th Place, Indianapolis, Indiana 46250</u>	
Residence	<u>5175 East 74th Place, Indianapolis, Marion County, Indiana 46250</u>	
Sole or Joint Inventor (2)	_____ (Type or Print)	_____ (Signature in Full. No initials.)
Citizenship	_____	Date _____
Post Office Address	_____	
Residence	_____	
Sole or Joint Inventor (3)	_____ (Type or Print)	_____ (Signature in Full. No initials.)
Citizenship	_____	Date _____
Post Office Address	_____	
Residence	_____	